

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 24, 2000

ALL COUNTY INFORMATION NOTICE NO. I-69-00

**TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY PROBATION OFFICERS
ALL COUNTY COUNSELS**

Reason for This Transmittal

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | State Law Change |
| <input type="checkbox"/> | Federal Law or Regulation Change |
| <input type="checkbox"/> | Court Order |
| <input type="checkbox"/> | Clarification Requested by One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by CDSS |

SUBJECT: OUT-OF-STATE GROUP HOME PLACEMENT/CERTIFICATION

The purpose of this Notice is to provide updated information regarding California certification of out-of-state group homes. Pursuant to Family Code Section 7911.1 (c), the California Department of Social Services (CDSS) is required to perform initial and ongoing inspections of out-of-state group homes providing care to children placed by County Social Services Agencies or Probation Departments. At the time this new process was enacted, the legislature established deadlines for completion of certification decisions for facilities already caring for California children. The Department has met these deadlines.

The Department maintains an ongoing responsibility for annual, on-site reviews of those facilities certified. We are now into the annual review cycle. As is the case with respect to California group homes, these annual visits are made on an unannounced basis. Placement agencies will be provided with copies of annual review documents as they are completed.

With the completion of the first certification review cycle, only those facilities on the attached list (Attachment A) are certified by CDSS and authorized by the California Compact Administrator to receive public funds. We recognize that counties may identify other out-of-state group home facilities that were not considered during the initial certification process. The following procedures have been developed for use if a county has a special need to place a specific child in an out-of-state facility that is not certified.

1. A complete Interstate Compact for the Placement of Children (ICPC) 100A package must be submitted to the California Compact Administrator/Out-of-State Placement Policy Unit (OSPPU). The 100A package must include specific reasons this placement is necessary, e.g., there is a high probability of reunification with a relative who resides near the facility and the facility can meet the child's needs.

2. The county must sponsor the facility. The sponsoring county must submit a letter to the Out-of-State Certification Unit (OSCU) advising that this is a facility in which they currently need to place a child, and that the program offered is unique, in that there are no other resources of this nature available in California. The letter must include the following information:
 - A. the date the ICPC 100A package was submitted to the OSPPU requesting placement to a non-certified out-of-state facility;
 - B. the facility name, address, telephone number, and contact person, and
 - C. the county placement worker's name, address, and telephone number.

Once this information is received, the OSCU will send an Out-of-State Certification Application package to the facility and to the county placement worker.

3. The county placement worker must make an on-site visit to the facility and shall complete the Pre-Certification Document (Attachment B) and fax it to the OSCU. It is important that the county placement worker advise the facility administrator to review the California licensing standards included in the application package to assess the facility's ability to comply with them. The facility administrator can then make an informed decision regarding application for certification.
4. If the facility administrator agrees to apply for certification, a letter must be faxed stating the facility's intent to apply and include a date by which OSCU will receive the application package. The letter should include the child's name and date of birth, the name of the placing county, and the county placement worker's name and telephone number.
5. Upon receipt and approval of all information above, the OSPPU will proceed with the ICPC review process. The Out-of-State Certification team will make a visit to the facility within 120 days of approval of both the sending and receiving state's ICPC 100A package or when the child is placed.

Please address letters and faxes pertaining to 2, 3, and 4 above to:

Linda Inglett, Manager
Out-of-State Certification Unit
744 P Street, M.S. 19-48
Sacramento, CA 95814

or via FAX: (916) 229-4508

If you have questions regarding certification standards and procedures, please contact Linda Inglett, Manager, Out-of-State Certification Unit, at (916) 229-4500. If you have questions related to ICPC policies and procedures, please contact Marika Wolf, Manager, Out-of-State Placement Policy Unit and Deputy Compact Administrator, at (916) 323-1000.

MARTHA LOPEZ
Deputy Director
Community Care Licensing Division

Enclosures

ATTACHMENT A

**OUT-OF-STATE GROUP HOMES
CERTIFIED BY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
7/10/00**

Nashua (New Hampshire)

Normative Services (Wyoming)

Rite of Passage (Nevada)

St. Augustine Youth Services (Florida)

VisionQuest (Arizona)

Glen Mills (Pennsylvania) – Certification discontinued effective 8/12/00

Excelsior (Colorado) – Voluntarily withdrawing certification effective November 1, 2000

**REQUEST FOR AUTHORIZATION FOR PAYMENT PENDING
OUT-OF-STATE GROUP HOME CERTIFICATION
PRE-CERTIFICATION DOCUMENT**

FACILITY NAME	ADDRESS
FACILITY TELEPHONE NUMBER	FACILITY FAX NUMBER
FACILITY CONTACT PERSON	TELEPHONE NUMBER
FORM COMPLETED BY	COUNTY AGENCY ADDRESS
TELEPHONE NUMBER	

I, _____, visited the above-mentioned facility on this date, _____, and certify the following:

- ☐ ICPC documentation has been submitted and a child is awaiting placement at the above-mention facility.
- ☐ I conducted a physical plant inspection. There are no locked doors or gates, which prevent exiting of the rooms, buildings, or grounds.
- ☐ I viewed the following documents:
- ☐ Articles of Incorporation and verified the facility has non-profit status. Issue Date _____
Name of Agency approving non-profit status _____
- ☐ License - Issue Date _____ Capacity _____
Name of Licensing Agency _____
Telephone Number _____
- ☐ Fire clearance - Issue Date _____ Capacity _____
Any Special Conditions _____
Name of Agency _____
Telephone Number _____
- ☐ The facility has informed me that the state of _____ conducts the following type(s) of criminal background check on staff:
- ☐ Fingerprint ☐ Name Check
- ☐ Child Abuse Registry
- ☐ The facility has informed me that they do not engage in corporal punishment or the use of mechanical restraints.
- ☐ Other _____

SUBMITTED BY:

SIGNATURE

DATE